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26568

7590

12/02/2004

COOK, ALEX, MCFARRON, MANZO, CUMMINGS &
 MEHLER LTD

SUITE 2850

EV 459445310 US

200 WEST ADAMS STREET

CHICAGO, IL 60606

01/24/2005 YPOLITE2 00000095 10015862

01 FC:2501

02 FC:1504

03 FC:8001

700.00 OP

700.00 OP

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Renee C. Barthel, 48,356

(Depositor's name)

Renee C. Barthel

(Signature)

January 18, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015.862	12/12/2001	Michael D. Hooven	HOOV 118	7296

TITLE OF INVENTION: TRANSMURAL ABLATION DEVICE WITH SPRING LOADED JAWS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	03/02/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ROLLINS, ROSILAND STACIE		3739	606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cook, Alex, McFarron,
 2 Manzo, Cummings &
 3 Mehler, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atricure Inc.

West Chester, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Ten (10)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1039 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Renee C. Barthel

Date

January 18, 2005

Typed or printed name

Renee C. Barthel

Registration No.

48,356

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